

DIVISION OF ADMINISTRATION GRIEVANCE FORM Page 1

GRIEVANT'S NAME

DATE GRIEVANT BECAME AWARE OF ACTION COMPLAINED OF

DATE FILED _____ SECTION

FIRST STEP

GRIEVANCE STATEMENT: (A statement may be attached if more space is needed.)

RELIEF SOUGHT: (A statement may be attached if more space is needed.)

GRIEVANT'S SIGNATURE _____ DATE

c: Office of Personnel Services

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DECISION OF IMMEDIATE SUPERVISOR: (A statement may be attached if more
space is needed.)

SUPERVISOR'S SIGNATURE _____ DATE

EMPLOYEE ANSWER:

_____ I am satisfied with the answer to my grievance.

_____ I am not satisfied with the answer to my grievance and wish to have
it referred to the Second Step.

GRIEVANT'S SIGNATURE _____ DATE

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SECOND STEP

DECISION OF SECTION HEAD: (A statement may be attached if additional space is
needed.)

SECTION HEAD'S SIGNATURE _____ DATE

EMPLOYEE ANSWER:

_____ I am satisfied with the answer to my grievance.

_____ I am not satisfied with the answer to my grievance and wish to
have it referred to the Third Step.

GRIEVANT'S SIGNATURE _____ DATE
c: Office of Personnel Services

THIRD STEP

Decision of deputy/assistant commissioner:
(A statement may be attached if more space is needed.)

DEPUTY/ASSISTANT COMMISSIONER SIGNATURE

DATE

c: Office of Personnel Services